


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	SYSTEM AND METHOD FOR BILL PAYMENT		
Application Type : regular, utility			
Attorney Docket Number : F-757			
Correspondence address:			
Customer Number:		919	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Name prefix:</b>	Mr.		
<b>Given Name:</b>	Matthew		
<b>Middle Name:</b>	S.		
<b>Family Name:</b>	Kissner		
<b>Residence:</b>			
<b>City of Residence:</b>	Scarsdale		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	9 Huntington Avenue		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Scarsdale		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	10583		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	HT		
<b>Name prefix:</b>	Mr.		

**Given Name:** Jean-Hiram  
**Family Name:** Coffy  
**Residence:**  
**City of Residence:** Norwalk  
**State of Residence:** CT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 104 Bouton Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Norwalk  
**State of Mailing Address:** CT  
**Postal Code of Mailing Address:** 06854  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** James  
**Middle Name:** A.  
**Family Name:** Euchner  
**Residence:**  
**City of Residence:** Waccabuc  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 19 Schoolhouse Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Waccabuc  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10597  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Arthur

**Middle Name:** J.  
**Family Name:** Parkos  
**Residence:**  
**City of Residence:** Southbury  
**State of Residence:** CT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 125 Hemlock Ridge Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Southbury  
**State of Mailing Address:** CT  
**Postal Code of Mailing Address:** 06488  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

919



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.